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	ama, Cupertino, CA; astro Valley, CA;	SI							
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IF REQUIRED, FORI GRANTED ** 05/19/2	EIGN FILING LICENSI	•				٠			
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Verifled and Acknowledged Examiner's Signature Initials			STATE OR COUNTRY CA	SHEETS DRAWING 32		TOTA CLAIN 36		INDEPENDENT CLAIMS 3	
ADDRESS 22850						-			
TITLE									
Method and system o	f remote diagnostic, co	ntrol an	d information	collec	lion usii	ng a shar	ed re	esourse	
RECEIVED No	CEIVED No to charge/credit DEPOSIT ACCOUNT				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other				
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